HOW TO MAP CASE PLANS IN FACES.NET

CREATION DATE: August 24, 2006

Child And Family Services 400 6th Street, SW Washington, DC 20024 **FAMILY CASE PLAN**

I. CASE INFORMATION

Case Name: Caseà Case Summary Family #: Caseà Case Summary Date Case Opened: Caseà Case Summary

Date of Plan: Caseà Case Planà Reportà Family Case Planà Select Case Plan Reportà Case Plan Date

Date Of Previous Plan: Caseà Case Planà Reportà

Family Case Planà List of previous plans

Amend Date: Caseà Case Planà Reportà Family Case Planà Select Case Plan Reportà Amend button

Family Worker: Caseà Otherà Assign

Program: Contact HR to update

Family Worker's Supervisor: Contact HR to update

Phone #: Contact HR to update

II. FAMILY INFORMATION

Mother: Caseà Clientà Client Listà Select Childà Relationshipsà Enter mother's relationship as Mother (biological). Repeat for each child

Client #: Caseà Client Listà View number next to

Mother's name

Mother of: Caseà Clientà Client Listà Select

Motherà Relationships

Address: Caseà Clientà Client

Listà Select Motherà Demographicsà Address

Home Phone: Caseà Clientà Client Listà Select Motherà Demographicsà Phone#

Date Of Birth: Caseà Clientà Client

Listà Select Motherà General Infoà Client tab

Work Phone:

Caseà Clientà ClientListà Select Motherà Demographicsà Phone#

Father: Caseà Clientà Client Listà Select Childà Relationshipsà Enter father's relationship as Father (biological). Repeat for each child.

Client #: Caseà Clientà Client List View number next to

Father's name

Address: Caseà Clientà Client Listà Select Fatherà Demographicsà Address

Home Phone: Caseà Clientà Client Listà Select Motherà

Demographicsà Phone#

Work Phone:

Caseà Clientà Client Listà

Select Fatherà Demographicsà Phone#

Date of Birth:

Children

Caseà Clientà Client Listà Select Fatherà General

Infoà Client tab

DOB Living Arrangement

Caseà Clientà Client Listà Select Motherà View relationships for sons and daughters

Caseà Clientà Client Listà Select Clientà General Infoà Client tabà

Caseà Clientà Client Listà Select Clientà General Info

à Residence tab

If you have any additional questions, please contact the Help Desk at (202) 434-0009. Last Updated: October 30, 2006

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III.FAMILY GOAL:

Caseà Case Planà Reportà Family Case Planà Select Case Plan Reportà Family Goal field

IV.REASON(S) FOR AGENCY INVOLVEMENT:

Caseà Case Planà Reportà Family Case Planà Select Case Plan Reportà Narrative Tab

V.SAFETY ASSESSMENT OF HOME FROM WHICH CHILD(REN) WERE REMOVED:

Safety Plan Date: Caseà Case Planà Reportà Family Case Planà Select Case Plan Reportà Select Safety Plan (the Safety Plan conclusion must be complete in order to select the safety plan for the report)

Safety Decision: Caseà Case Planà Assessmentà Safety Planà List of Safety Plansà Select Safety Plan Reportà Conclusion

Explanation Text: Caseà Case Planà Assessmentà Safety Planà List of Safety Plansà Select Safety Plan Reportà Conclusion

Override Decision: Caseà Case Planà Assessmentà Safety Planà List of Safety Plansà Select Safety Plan Reportà Conclusion

Override Comment: Caseà Case Planà Assessmentà Safety Planà List of Safety Plansà Select Safety Plan Reportà Conclusion

VI. PSYCHOSOCIAL ASSESSMENT:

Name of Caretaker: Caseà Case Planà Assessmentà Family Assmntsà List of Family Assmntsà Select Caretaker. Caretakers listed here are listed as Caretaker "Yes" in the Client Relations screens.

Caseà Case Planà Assessmentà Family Assmntsà Choices selected by user are shown in table form

VII. FAMILY DYNAMICS (FAMILY COMPOSITION, FAMILY STRENGTHS, FAMILY INTERACTIONS AND SUPPORT SYSTEM)
Caseà Case Planà Reportà Family Case Planà Select Case Plan Reportà Narrative Tab
VIII. PARENT/CARETAKER MOTIVATION TO CHANGE
Caseà Case Planà Reportà Family Case Planà Select Case Plan Reportà Narrative Tab
IX. PROGRESS TOWARD GOAL ACHIEVEMENT
Caseà Case Planà Reportà Family Case Planà Select Case Plan Reportà Progress Tab
X. PARENT/CAREGIVER(S)/CHILD(14+) SATISFIED WITH SERVICES?
Caseà Case Planà Reportà Family Case Planà Select Case Plan Reportà Narrative Tab
XI. PARTICIPATION OF PARENT(S), CHILD(REN), AND SIGNIFICANT PARTICIPANTS IN THE DEVELOPMENT OF THE CASE PLAN
Caseà Case Planà Reportà Family Case Planà Select Case Plan Reportà Narrative Tab
XII. PARENT/CAREGIVER(S) AGREEMENT WITH CASE PLAN
Caseà Case Planà Reportà Family Case Planà Select Case Plan Reportà Narrative Tab
XIII. AMENDMENT
Caseà Case Planà Reportà Family Case Planà Select Case Plan Reportà Admend button
Client/Participants:
Date
 Date
Date
Date
Social Worker:
Caseà Otherà Assign Date
Supervisor:
Contact HR to update

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Service Agreement

Case Name: Case Summary
Case ID: Case Summary

Service Plan Assessment Date: Caseà Case Planà Reportà Family Case Planà Select Case Plan Reportà Date of service plan which you pulled into the report

Client Name: Caseà Case Planà Service Planà List of Service Plansà Objectivesà Client Field

Date of Birth: Caseà Clientà Client Listà Select clientà General Infoà Client tab

Permanency Goal: Caseà Case Planà Permanency Planà Select Clientà Goal without an end-date

Lasks Objective Measures Frequency Caseà Case Caseà Case Caseà Case Planà Service Caseà Case Planà List of Service Planà Service Planà Service Planà Service Planà List of Service Planà List of Service Plansà Client Tasks Planà List of Service entered for the above Plansà Client Tasks Plansà Objectives Plansà Objectives entered for the above client client

Objective: Caseà Case Planà Service Planà List of Service Planà Objectives entered for the above client

Services:	Provider:	Tasks:
Caseà Case Planà Service Planà	Caseà Case Planà Service Planà	Caseà Case Planà Service
List of Service Plansà Plan Services Entered for the above objective	List of Service Plansà Provider entered for current service	Planà List of Service Plans à Tasks entered for current Provider

Case Management Tasks: Caseà Case Planà Service Planà List of Service Plansà Case Management tasks entered for the above client objective

Client/Participants:

	Date
	Date
	Date
Social Worker: Caseà Otherà Assign	Date
Supervisory Social Worker: Contact HR to update	Date

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CHILD CASE PLAN Where do you go in FACES to enter the information?

I. CASE INFORMATION

Child's Name: Caseà Case Planà Reportà Child Case Planà

Select Case Plan Reportà Select Child

DOB: Caseà Clientà Client Listà

Date of Plan: Caseà Case Planà Reportà Child Case Planà Select Childà Case Plan Date

Select Childà General Infoà Client tab

Family #: Case Summary

SSN: Caseà Clientà Client List à Select Childà Childà General Infoà Client tab

for this child

Next Due Date: Caseà Case Planà Report à Child Case Plan à Select Child à Select Case Plan Report à Plans/Assessment tab Date of Previous Plan: Caseà Case Planà Report à Child Case Plan à Select Child à List of all previous plans

Client #: Caseà Clientà

Numbersà select client

Client Listà view number next to child's name

Social File#: Caseà Courtà Court

Date Case Opened: Case Summary

Amend Date: Caseà Case Planà Reportà Child Case Planà Select Childà Select Case Plan Reportà Amend

Approval Date: Caseà Case Planà Reportà Child Case Planà Select Case Plan Reportà Approval button Supervisor: Contact HR to update Social Worker: Worker who created the case plan

Phone #: Contact HR to update Program Area: Contact HR to update

II. FAMILY INFORMATION

Mother: Caseà Clientà Client Listà Select Childà Relationshipsà Enter Mother's relationship as Mother(biological)

Address: Caseà Clientà Client Listà Select Motherà Demographicsà Address

Home Phone: Caseà Clientà Client Listà Select Motherà Demographicsà Phone#

Date of Birth: Caseà Clientà Client Listà Select Motherà General Infoà Client tab

Father: Caseà Clientà Client Listà Select Childà Relationshipsà Enter Father's relationship as Father(biological)

Address: Caseà Clientà Client Listà Select Fatherà Demographicsà Address

Home Phone: Caseà Clientà Client Listà Select Fatherà

Demographicsà Phone#

Date of Birth: Caseà Clientà Client Listà Select Motherà General Infoà Client tab

Select Motherà Demographicsà Phone#

Work: Caseà Clientà Client Listà

Client #: Caseà Clientà Client Listà View number next to Mother's name

Client #: Caseà Clientà Client Listà View number next to Father's name

Work: Caseà Clientà Client Listà Select Fatherà Demographicsà Phone#

III. PERMANENCY PLANNING GOALS

Permanency Goal Caseà Case Planà Permanency Planà Select childà

Concurrent Goal Caseà Case Planà Permanency Planà Select childà Goal without an end-

Living Arrangement Caseà Clientà Client Listà Select Childà General Infoà Residence ab

Goal without an end-date Goal without an end-lif you have any additional questions, please contact that etail Propositional questions. Last Updated: October 30, 2006

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IV. Reason(s) For Agency Involvement:

Caseà Case Planà Reportà Child Case Planà Select Childà Select Case Plan Reportà Narrative tab

V. SAFETY ASSESSMENT OF HOME FROM WHICH CHILD(REN) WAS REMOVED:

Safety Plan Assessment Date: Caseà Case Planà Reportà Child Case Planà Select Childà Select Reportà Select Safety Plan (the Safety Plan conclusion must be complete in order to select the Safety plan in report)

Safety Decision: Caseà Case Planà Assessmentà Safety Planà List of Safety Plansà Select Case Plan

Reportà Conclusion

Explanation Text: Caseà Case Planà Assessmentà Safety Planà List of Safety Plansà Conclusion

Override Decision: Caseà Case Planà Assessmentà Safety Planà List of Safety Plansà Conclusion

Override Comment: Caseà Case Planà Assessmentà Safety Planà List of Safety Plansà Conclusion

VI. RELATIVE RESOURCES AND SIGNIFICANT OTHERS:

Name:	Relationship:	Address:	Phone Number(s):	

Caseà Collateralà Associated Clientsà Fields listed above completed

VII. PLACEMENT:

Conditions of Removal: Caseà Removalà List of Clientsà Home Removalà Parents tab

Type of Placement: Caseà Placementà List of Clientsà Placeà List of Placement Episodesà Enterà Provider Detailsà

Services searched to select this provider

Out of State Placement: Caseà Placementà List of Clientsà Placeà List of Placement Episodes

à Enterà Provider Detailsà Address

ICPC Status: Caseà Placementà

List of Clientsà List of

ICPC100Aà

If Pending, date Submitted: Caseà Placementà List of Clientsà List of ICPC100Aà Select ICPCà

Placement Decision Tab

Reason and Appropriateness of Placement Choice: Caseà Case Planà Reportà Child Case Planà Select Childà Select Case Planà Narrative tab

The placement complies with the following mandate(s): Caseà Placementà List of Clientsà Placeà List of Placement Episodesà Enterà Placement Mandates select boxà Supporting Info tab

Date Of Current Placement: Caseà Placementà List of Clientsà Placeà List of Placement Episodesà Enterà Entry Date

#Previous Placements:

Caseà Placementà List of Clientsà Placeà

View All Placements Episodes

Is child currently in abscondence: If Yes, Date:

Caseà Clientà Abscondenceà List of Clientsà Custody Orderà Date

VIII. VISITATION PLAN WITH PARENT/GUARDIAN:

Start End Date Date Location Frequency Supervision Type **Participants**

Caseà Visitsà Visit Planà Plan which includes the child selected for this case plan.

IX. EDUCATIONAL STATUS

School: Caseà Clientà Client Listà Employment/Educationà Education Address: Caseà Clientà Client Listà Employment/Educationà Education

Status: Caseà Clientà Client Listà Employment/ Date Enrolled: Caseà Clientà Client Educationà Education tabà Education Status

Listà Employment/Educationà Education à School/Daycare Tabà Enrollment Date

Grade: Caseà Clientà Client Listà Employment/Educationà Educationà Current Grade Level

Special Education:

Caseà Clientà Client Listà Employment/Educationà Educationà Education Tabà Educational Performance

Has Child Repeated A grade? Caseà Clientà Client Listà Employment/Educationà Educationà Education Tabà Grade Repeated

Contact Person/Teacher: Phone #:

Caseà Collateralà Relationship to Family = School Staff Caseà Collateralà Relationship to Family = School Staff or or Teacherà Child is an associated Client Teacherà Child is an associated Clientà Contact Info tab

X. HEALTH STATUS

Primary Physician's Name:

Phone #: Caseà Collateralà Relationship to Family = Physician (Primary)à

Caseà Collateralà Relationship to Family=Physician (Primary)à Child Child is an associated client is an associated clientà Contact Info

Address:

Child is an associated clientà Contact Info tab

Primary Dentist's Name: Phone #:

Caseà Collateralà Relationship to Family = Dentist (Primary)à Caseà Collateralà Relationship to

Child is an associated client Family = Dentist (Primary) à Child is an associated clientà Contact

Primary Dentist's Address: Info tab

Caseà Collateralà Relationship to Family= Physician (Primary)à Child is an associated client

Allergies: Caseà Clientà Client Listà Healthà Allergies

Caseà Collateralà Relationship to Family = Physician (Primary)à

Medical Update: Caseà Case Planà Reportà Child Case Planà Select Child à Select Case Plan Reportà Progress Tab

XI. CHILD'S SPECIAL NEEDS/STRENGTHS ASSESSMENT

1.Behavioral/Personality

Strengths:

Caseà Case Planà Assessmentà Family Assmntsà Strengths and Barriersà Select Clientà Strengths select box Needs:

Caseà Case Planà Assessmentà Family Assmntsà Strengths and Barriersà Select Clientà Needs select box

2. Developmental

Strengths:

Caseà Case Planà Assessmentà Family Assmntsà Strengths and Barriersà Select Clientà Strengths select box Needs:

Caseà Case Planà Assessmentà Family Assmntsà Strengths and Barriersà Select Clientà Needs select box

3. Educational

Strengths:

Caseà Case Planà Assessmentà Family Assmntsà Strengths and Barriersà Select Clientà Strengths select box Needs:

Caseà Case Planà Assessmentà Family Assmntsà Strengths and Barriersà Select Clientà Needs select box

4. Medical/Health

Strengths:

Caseà Case Planà Assessmentà Family Assmntsà Strengths and Barriersà Select Clientà Strengths select box Needs:

Caseà Case Planà Assessmentà Family Assmntsà Strengths and Barriersà Select Clientà Needs select box

XII. JUDICIAL INFORMATION

Legal Status:

	i Select Childà Legal status Hearingà List of Hearingà Most Recent, but Past He	earingà Child listed as
Judge: Caseà Courtà Hearingà List of	f Hearingà Most Recent, but Past Hearingà Child list	ted as respondentà Judge
listed as respondentà Date and time of	v	e Hearingà Child
XIII. ADMINISTRATIVE REVIEW	INFORMATION	
Date of Last Review:	D .	
Recommendations from Review:	Reviewer:	
Date and time of next review:		
This information is cor	mpleted by the admin reviewer.	
XIV. PROGRESS TOWARD GOAL A	CHIEVEMENT	
Caseà Case Planà Reportà Child Case F	Planà Select Childà Select Case Plan Reportà Progre	ess Tab
XV. PARENT/CAREGIVER(S)/CHI	ILD(14+) SATISFIED WITH SERVICES?	
Caseà Case Planà Reportà Child Case P	Planà Select Childà Select Case Plan Reportà Narrati	ive Tab
XVI. PARTICIPATION OF PAREN DEVELOPMENT OF THE CASE PI	NTS, CHILD(REN), AND SIGNIFICANT PA LAN	ARTICIPANTS IN THE
Caseà Case Planà Reportà Child Case P	Planà Select Childà Select Case Plan Reportà Narrati	ive Tab
XVII. PARENT/CAREGIVER(S) AG	GREEMENT WITH CASE PLAN	
Caseà Case Planà Reportà Child Case F	Planà Select Childà Select Case Plan Reportà Narrat	tive Tab
XVIII. AMENDMENT		
Caseà Case Planà Reportà Child Case P	Planà Select Childà Amend button	
Client/Participants:		Date
Social Worker: Social worker who co	reated the case plan	Date:
Supervisor: Contact HR to update		Date:
	nt is exactly the same as the Family Case Plan only includes information about the child you	

Date: